

Kentucky Post - March 7, 1946

Mrs. Flora E. Mullen

Services for Mrs. Flora Ecklar Mullen, native of Harrison county, will be held at the Smith-Rees funeral home, Cynthiana, at 2 p. m. Friday. Burial will be in the Battle Grove Cemetery.

Mrs. Mullen, who was 61, died Tuesday at Booth Hospital, where she had undergone an operation recently. In recent years she had made her home in Union, Ky.

She leaves her husband, Lora Mullen; her father, Walker D. Eckler, Cynthiana; a sister, Mrs. Claude Lemons, Harrison county; two brothers, Fred Eckler, Cynthiana, and W. J. Eckler, Rocky Mt., N. C.

Mullen, Flora Ecklar 1886 - 1946

Form V. B. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

State File No. **6978**
 Registrar's No. **248**

Registration District No. **790** Primary Registration District No. **2280**

1. PLACE OF DEATH: **Kenton**
 (a) County **Covington**
 (b) City or town **Covington**
 (c) Name of hospital or institution: **Wm Booth Memorial Hospital**
 (d) Length of stay: in hospital or community **5 Weeks**

2. USUAL RESIDENCE OF DECEASED: **Boone**
 (a) State **Kentucky** (b) County **Boone**
 (c) City or town **Boone**
 (d) Street No. **Union**
 (e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME **Flora mullins**
 3(b) If veteran, Name war 3(c) Social Security No

4. Sex **F** 5. Color or race **W** 6(a) Single, widowed, married, divorced **married**

6(b) Name of husband or wife **Lora Mullin**
 6(c) Age of husband or wife if alive **63** Years

7. Birth date of deceased: **June 7 1886**
 (Month) (Day) (Year)

8. AGE: Years **59** Months **8** Days **28** If less than one day, hr. min.

9. Birthplace **Madison Co., Ky**

10. Usual occupation **at home**

11. Industry or business _____

MOTHER
 12. Name **Walker D Ecklar**
 13. Birthplace **Ky**
 14. Maiden name **George Ann Keame**
 15. Birthplace **Ky**

16(a) Informant's own signature **Lora Mullin**
 (b) Address **Walton, Ky**

17. BURIAL, CREMATION, OR REMOVAL
 Place **Little Cove Cem** Date **Mar 8 1946**

18(a) Signature of funeral director **South Beech Co**
By G. A. Smith, Jr. 2095
 (b) Address **Cynthiana, Ky**

19(a) **MAR 11 1946** (Date received by local registrar) (b) **Wm H. C. White** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH **3-3-46**
 21. I hereby certify that I attended the deceased from **Jan 26 1946** to **Mar 3 1946**, that I last saw him alive on **Mar 3 1946** and that death occurred on the date stated above at **5:04 pm**.
 Immediate cause of death **Hemorrhage** DURATION **48 hrs**
 Due to **Ruptured aortic aneurysm**
 Other conditions **Hypostatic pneumonia** (including pregnancy within 3 months of death) **300-111C**
 Major findings:
 Of operations **aortic aneurysm, abdominal**
 Of autopsy **see above**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____ (Specify type of place) _____
 While at work? (a) **Seaman** (M. D. **Seaman**)
 23. Signature **P. M. Seaman** (M. D. **Seaman**)
 Address **238 2nd St, Boone, Ky** Date signed **3-3-46**

N. B.—WRITE PLAINLY WITH UNFADING INK.—TRIES IN A TABERNACLE. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.